

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12						
13						
14						
15						
16						
17	1					
18		1				
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29		1				
30	1					
31			1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41	1					
42	1					
43	1					
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53			1			
54				1		
55	1					
56		1				
57	1					
58		1				
59			1			
60				1		
61					1	
62						1
63						
64						
65						
66						
67						
68	1					
69	1					
70	1					
71						
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73						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	57					
TOTAL CLAIMS	70					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS